

12/20
12/20

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | PS | 666621 | 10/26 |
| O.I.P.E. CLASSIFIER | | | 11/13/60 |
| FORMALITY REVIEW | H.S | 866 | 12-18-60 |
| RESPONSE FORMALITY REVIEW | W.H. | 625 | 7-7-61 |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
|----------------|----------|
| Final Original | 10/26/60 |
| 1 ✓ ✓ | |
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| Claim | Date |
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| Final Original | 10/26/60 |
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| Claim | Date |
|----------------|----------|
| Final Original | 10/26/60 |
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If more than 150 claims or 10 actions
staple additional sheet here

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